

Conditions

Q.HYF9, HAQ5, NHANES III, 1988-94

(Has ___/Have you) had “cold sores” or “fever blisters” on (___’s/your) lips in the past 12 months?

- 1 Yes
- 2 No
- 9 DK

Q.HYF10, HAQ6, NHANES III, 1988-94

(Has ___/Have you) had “canker sores” or other ulcers or sores inside (___’s/your) mouth in the past 12 months?

- 1 Yes
- 2 No
- 9 DK

Q.R2a, b, NHIS 1989

a. (During the past 6 months) Did you have painful sores or irritations around the lips or on the tongue, cheeks, or gums more than once?

- 1 Yes
- 2 No

b. Did you first have the sores or irritations more than 6 months ago?

- 1 Yes
- 2 No

Q.Z5, NHIS 1990

What is ONE common sign of gum disease?

- 1 Swollen, red, inflamed, sore or bleeding gums
- 2 Chronic bad breath
- 3 Loose teeth
- 4 Receding gums
- 8 Other — specify_____
- 9 DK

Q.H2aJ, NHIS, 1990; 1991; 1992; 1993; 1994; 1995; 1996

Does anyone in the family NOW HAVE a cleft palate or harelip?

- 1 Yes
- 2 No

Q.H6aF, NHIS, 1990; 1991; 1992; 1993; 1994; 1995; 1996

DURING THE PAST 12 MONTHS, did anyone in the family have a deflected or deviated nasal septum?

- 1 Yes
- 2 No

Q.HA40, MEPS NHC, 1996

Please tell me which of the following items describe the condition of {SP}'s dental health on or around {ref date}. Did {she/he} have: ?

- Debris in mouth
- Dentures or removable bridge
- Some/all natural teeth lost
- Inflamed, swollen or bleeding gums, oral abscesses, ulcers, or rashes
- None checked
- DK

Q.CE04, MEPS HC, 1996; 1997; 1998; 1999; 2000; 2001

Did (person) have any physical or mental health problems, accidents or injuries? [please include all conditions, accidents, or injuries for which (person) saw a medical provider or took medications. also include other physical or mental health problems affecting (person) since (start date), even if no treatment or medications were received for this problem during this period.]

- 1 Yes ____ (coded according to ICD-9)
- 2 No
- 7 REF
- 8 DK

Q.HA40, MCBS, 1997; 1998; 2000; 2001

Please tell me which of the following items describe the condition of {SP}'s dental health on or around {ref date}. Did {she/he} have: ?

- Debris in mouth
- Dentures or removable bridge
- Some/all natural teeth lost
- Broken, loose or carious teeth
- Inflamed, swollen or bleeding gums; oral abscesses, ulcers, or rashes
- None checked
- DK